

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747886

FILED
Apr 27, 2009
Secretary of State

Entity Name: MANATEE BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W #103
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W #103
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 59-2034479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASE, SUSAN
C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W #103
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LANESE, EMILIA
Address: 4411 COUNTRY CLUB BLVD A4
City-St-Zip: CAPE CORAL, FL 33904 US

Title: SD () Delete
Name: BAILEY, ANNE
Address: 277 POPLAR ST.
City-St-Zip: CENTRAL ISLIP, NY 11722 US

Title: PD () Delete
Name: TOMMASINI, BRUNO
Address: 4417 COUNTRY CLUB BLVD B6
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VPD () Delete
Name: BLACK, WILLIAM
Address: 1245 DARWIN DR.
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D () Delete
Name: WOODS, LINDA
Address: 441 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip: US

Title: () Change () Addition
Name:
Address:
City-St-Zip: US

Title: () Change () Addition
Name:
Address:
City-St-Zip: US

Title: VP (X) Change () Addition
Name: EVANS, BERNICE
Address: 4417 COUNTRY CLUB BLVD B7
City-St-Zip: CAPE CORAL, FL 33904 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUNO TOMMASINI

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date